SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT DEP. IND. IND. DEP. DEP. IND. DEP. TOTAL IND. TOTAL IND. TOTAL DEP. Į. TOTAL DEP. TOTAL * MAY SE USED FOR ADDITIONAL CLAIMS OR ACMENDMENTS

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